

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

98 DEC 18 PM 3:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S00920 (6)

1. Corporation Name
ESTEVAN ALFONZO RUIZ, M.D., P.A.

Principal Place of Business 5411 GRAND BLVD. 104 NEW PORT RICHEY FL 34652 US	Mailing Address 5411 GRAND BLVD. 102 NEW PORT RICHEY FL 34652 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/14/1990	4. FEI Number 59-3026973	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S.
 1212 COURT STREET
 SUITE B
 CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
Estevan Alfonso Ruiz, ~~M.D., P.A.~~

82 Street Address (P.O. Box Number is Not Acceptable)
5411 Grand Blvd

83
Suite 104

84 City
New Port Richey

85 Zip Code
FL 34652

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: *Estevan Alfonso Ruiz* DATE: **12/9/98**

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME RUIZ, ESTEVAN ALFONZO	
STREET ADDRESS 5341 GRAND BLVD. #102	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	800002721008-9
1.3 STREET ADDRESS	-12/23/98-01065-009
1.4 CITY-ST-ZIP	***750.00 ***750.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REINSTATEMENT 98
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	SL 12-18-98
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that I have received the fee required to effect the changes reported as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. Alfonso Ruiz, M.D.* DATE: **9-15-98** Daytime Phone #: **813-849-8322**

CR2E034 (5/98)